

NEW WAYS TO WORK IN GENERAL PRACTICE

Workplace changes benefit all Buddying

AT Medics has introduced new systems to work more efficiently with staff, patients and hospital correspondence. These workplace systems save time, free up appointments and enable clinicians to focus on their patients. Each of the new systems can be taken on board by GP practices like yours – here’s how AT Medics achieved it, including step-by-step tips for you to follow. One of the key innovations introduced at AT Medics is buddying

AT Medics is a GP led primary care provider with 26 GP surgeries, serving 140,000 patients across 13 Clinical Commissioning Groups in London and Surrey. AT Medics also manages Urgent Care services including Minor Injuries Units and a Walk-in Centre.

“Our overarching goal is to make it as easy and straightforward as possible for our patients to access quality healthcare,” explains Susan Sinclair, Chief Executive Officer of AT Medics. “In order to achieve this goal, we are constantly innovating and finding new ways to work. These innovations have delivered direct savings for us rather than costs,” she explains.

AT Medics aim to allow all of their GPs to work to the top of their licenses, focusing more of their

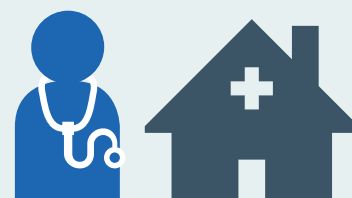
time on doing the things only they can do. They have introduced a number of innovations to meet this aim, ensuring that all innovations are standardised and easily replicable across all of their practices.

“We didn’t use any external contractors or receive any external funding to help us introduce these innovations – we used entirely our own workforce to bring about these changes,” adds Susan. “AT Medics is run by six GP directors, all of whom are practicing GPs in our surgeries. This means that they have first-hand experience of day-to-day general practice and can assess for themselves which processes are inefficient and need to be changed. We involve all levels of staff in innovations from the very beginning.”

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Chief Executive Officer of AT Medics

AT MEDICS



26

GP SURGERIES



140,000

PATIENTS

CCGs

13

CLINICAL
COMMISSIONING
GROUPS

BUDDYING

An efficient approach to telephone consultation

Administrative staff work alongside GPs at AT Medics for their telephone consultations, allowing GPs to get through up to twice as many calls as before.

Telephone consultations are used by AT Medics practices to deal with a significant proportion of patient needs. As well as being more convenient for patients who don't need a face-to-face appointment, they are shorter, thus saving valuable GP time.

However, the GPs felt that there were still problems with their system, in which GPs are scheduled to undertake a whole session of telephone consultations. They noted that a significant amount of time was taken up with non-clinical work; repeatedly having to phone patients who don't pick up, completing follow-up administrative tasks and speaking to patients who don't need to speak to a doctor at

all. To address this time-wastage, AT Medics developed a new system named 'Buddying'.

"I regularly felt like I was wasting a lot of my clinical time doing admin work during my morning telephone clinics," explains Dr. Hasnain Abbasi, GP Director at AT Medics. "I would usually have around 35 calls to get through a day, and would regularly end up not being able to make at least 7 or 8 of those calls because I would run out of time. Roughly 60% of the work I was doing during my telephone clinics was not clinical work and could be done by someone else."

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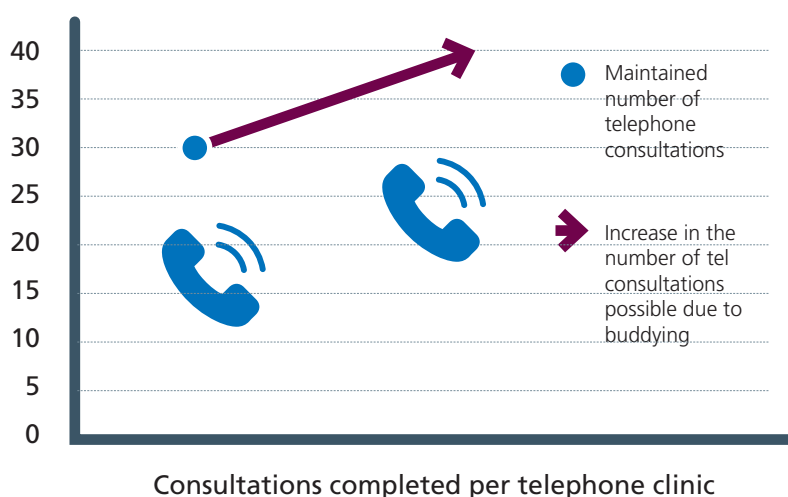


Introducing buddying

The clinical team decided that administrative staff members could assist GPs during their morning telephone clinics, making the calls for GPs and passing the patient through when the GP was ready to speak to them. This process was piloted at AT Medics' Streatham High Surgery, with an experienced administrative staff member, Magda Babol, chosen to work alongside Dr. Abbasi as his buddy during his telephone consultations. The two sat next to each other and passed calls back and forth between them.

"As we tested out the process, it became clear very quickly that it wasn't just a case of the buddy making the calls – they were able to take on much more responsibility than that," explains Dr. Abbasi. As they worked together, Magda suggested numerous other tasks that administrative staff members could do during the telephone consultations to further reduce

33% increase in number of telephone consultations possible due to buddying:



the burden on GP time – including things like filling out request forms, booking follow-up appointments for patients, and even, in some cases, using their active signposting training to signpost patients to other services and avoid the need for a call by the GP altogether.

Once Magda and Dr. Abbasi had developed the buddying process between them, the rest of the clinical and administrative staff at Streatham High Surgery were informed about the new system. “I was a bit worried about what would be required of me, because I don’t have any clinical training,” explains Richard Higgins, Admin Staff Member at AT Medics. “But I quickly realised that it would make my job a lot more interesting and varied.”



Training staff

In order to properly train staff to be buddies, their learning needs had to be identified. Administrative staff may not come across certain forms for patients in their admin work, such as X-ray request forms, so they were introduced to different types of forms that they would need to be familiar with in order to help a GP effectively. Administrative staff were also taught which calls GPs would prioritise, such as paediatric calls, and they learned to make those calls first during a telephone clinic.

Each GP at Streatham High Surgery was then matched up with a buddy and they began practising the system during their telephone clinics. “Clinical staff are trained in the right phraseology to use, but clerical staff aren’t, so it’s important that you teach your buddy the right things to say,” explains Dr. Abbasi. “They can learn the correct clinical terms from you as you work together.”

“I learnt on the job,” adds Richard. “The GP I was paired with called a few patients and showed me what to say and how to handle the call. I picked it up really quickly.”

“I describe the buddy system almost as like having a dance partner,” explains Dr. Abbasi. “It helps to always have the same buddy because you learn each other’s signals and hints. My buddy can hear in my voice when a call is coming to a close and she will queue up the next call ready to go. We learn from each other.”

The buddy system was easily rolled out across AT Medics’ other 25 practices once it had been tried and tested in the pilot practice. The pilot had made the gaps in clerical staff knowledge clear, so staff at other practices were given tailored training focusing on filling these gaps. They then practised the buddy

system each day, learning from each other and becoming used to the new process.

This process is regularly audited by each surgery by running a random case analysis monthly. A log is kept during each telephone clinic of how each patient was dealt with, and this log is analysed to ensure that calls were processed in line with patient safety guidelines. This analysis also allows AT Medics to see if there are any tasks that are still being handled by GPs which could be handled safely by administrative staff instead. A log is also kept to share new ideas or learning among the GPs and buddies.



Additional benefits

The benefits of the buddy system are numerous – for GPs, administrative staff and patients alike. It saves GPs time, allowing them to focus on clinical work and prioritise urgent calls. “One morning, I had a very ill four year-old child on my list of calls to make,” explains Dr. Abbasi. “I was concerned, so I phoned them once and there was no response. The second time I phoned there was also no response, and before the buddying system was introduced I would have left a message at this point, and asked them to rebook for a new consultation time. However, because I had my buddy with me, I could let her know that this call was urgent. She phoned four more times and finally managed to get through to the child’s mother who I was then able to help.”

An unexpected benefit is that more opportunistic health promotion is undertaken in phone consultations using the buddy system. The buddy’s additional contact with the patient, potentially both before and after the consultation with the GP, allows them to ask questions about smoking, vaccination and

other issues, as well as informing patients of new or seasonal services. They are also able to provide appropriate education and signposting, for example, about the range of help available from the community pharmacy or about local community groups. This adds value for the patient and the practice in a way that is often overlooked by busy GPs.

Administrative staff also feel empowered by the buddying system, learning more about the GP side of things and using that knowledge to improve their patient care across the rest of their jobs. “I feel more part of the team thanks to buddying,” explains Richard. “I’m not just greeting patients like I was before – I’m actually involved in their care. Every day I learn something new, which makes me feel much more excited and motivated by my job.”

For patients, the buddying system reduces response time significantly. Thanks to the buddy taking over the responsibility of telephone consultation admin, a patient can now speak to a GP and come in to collect a form they asked for, have a follow-up appointment or pick up a prescription on the very same day.

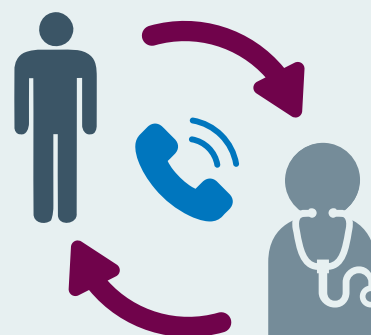
BUDDYING

Step-by-step

1 Identify an experienced member of staff at your practice who has a good, calm telephone manner and appoint them as your buddy.



4 Keep trying it out and learning from each other, perfecting the system.



2 Sit down with your chosen buddy and identify any gaps in their knowledge – what would they need to know in order to help most effectively? For example, do they know how to access and input information into certain forms?



ASK



ADDRESS GAPS IN KNOWLEDGE

5 Introduce the system to other administrative staff members and GPs, encouraging them to practise and develop each day.



3 Try out one hour of calls together, and then sit down with your buddy immediately afterwards to discuss what worked and what didn't.



ONE HOUR OF CALLS



DISCUSS WHAT WORKED AND WHAT DIDN'T

